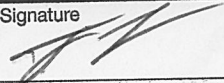


523 W-120		# 14	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.		A. Signature X 	
Paul Nicoletti #55819-039 MORGANTOWN FEDERAL CORRECTIONAL INSTITUTION Inmate Mail/Parcels P.O. BOX 1000 MORGANTOWN, WV 26507		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery 6-1-23	
9590 9402 7976 2305 6721 74 7022 0410 0002 2769 4970		(Printed Name) T. L. Ke Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No <div style="text-align: center;"> FILED JUN -5 2023 </div>	
3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	